

PUBLIC WORKS CONTRACT REVIEW FORM

Check one: Preliminary (60%)_____ Final_____

STATE AGENCY:

Department/Institution:_____

Division/Department:_____

Project Coordinator:_____

Position/Title:_____

Address: _____

Telephone: _____

PROFESSIONAL DESIGN FIRM:

Name of Firm:_____

Address: _____

Project Coordinator:_____

Telephone: _____

Project Name:_____

Project Location:_____

Briefly describe Scope of Work to be performed:_____

Construction Square Footage: New_____ Renovation_____

Total Project Budget:_____ \$

Source of Funding:_____

Anticipated Dates for:

1. Advertising:_____

2. Pre-Bid Meeting:_____

3. Bid Opening:_____